

Name  
in  
Full

Alfred Ballard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sublimus</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>23</i>	Age <i>78</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Somerset Co</i>		
Married, <del>Single</del> <del>or Widowed</del>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Emeline Curtis</i>					
Father's Name <i>Wilson Bullock</i>			Father's Birthplace <i>Somerset Co.</i>		
Mother's Maiden Name <i>Sophia Wilson</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Edward Boston</i>			How related to deceased <i>Nephew</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 Weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Samuel J. Quinn</i>
<i>Yes</i>	Address <i>Providence City, Md</i>
Accident or Suicide?	



Emily Harris Coulbourn

Town

County

Died at

Marion, Somerset.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1903

April 20

Age

42, 3, 4

Maryland

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

6

~~Husband~~  
of

Edward Wilson Coulbourn

Wife

Father's

Name

Mother's

Maiden Name

Charles Green Alice Keturah Harris

Cause of

Primary

Carcinoma of the Uterus

How long sick

12 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

D. B. B. Green M.D.

Address

Marion Station Somerset County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Dashiell

Town Kingston County Somerset MARYLAND

Died at

Date 19 April 15 Age 62 Y. M. D. Maryland Occupation Farmer

Male White Married Widow Divorced no

Female Colored Single Widower Number of children living Two

Husband of Flora Dashiell Sb

Wife

Father's Name Peter Dashiell Mother's Name Julia Hayman

Cause of Death { Primary Gastro-Enteritis, Superinduced by alcoholic Dissipation How long sick 1 year

Death { Immediate Exhaustion Accident, Suicide, Homicide

Reported by O. B. B. Evers Mrs.

Address Somerset County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Barney DeBorse

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Griffuel</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup>	<i>19</i> <sup>Day</sup>	Age <i>79</i> <sup>Years</sup>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Knit Co Md</i>			
Married, Single or Widowed <i>Widower</i>	Occupation <i>merchant</i>				
Name of Wife or Husband <i>+</i>					
Father's Name <i>+</i>			Father's Birthplace		
Mother's Maiden Name <i>+</i>			Mother's Birthplace		
Name of person giving information <i>+</i>			<i>106</i>		
			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic diarrhoea</i>	How long	<i>one year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Keall Md</i>	
		Address <i>Griffuel Md</i>	
Accident or Suicide? <i>no</i>			





Hill Born

Town

County

Lanham

MARYLAND

Died at

Neesington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

4

19

Age

Hill Born

nd

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Jas. H. Wom

Mother's

Maiden Name

Addie Coleman

Cause of

Primary

Heart - 1st time

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. Sidney Coleman (father)

Address

Neesington nd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Betsey Froxwell

Town

County

Died at

Mt Vernon Somerset

MARYLAND

Date 19

03

Month

4

Day

11

Y.

M.

D.

Native of

Occupation

Age

84

14

Somerset

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living one

Husband of

Wife

Father's

Name

Cause of

Primary

Cold age

How long sick

7 days

Death

Immediate

15+

~~Accident, Suicide, Homicide~~

Reported by

Address

G. M. Hayhill &amp; B. W. S.

Mt Vernon Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate  
received from, *Dr. J. W. [unclear]*

of *Mr. J. W. [unclear]*

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John H. Giles*

Died at *Danvers Quarter* Town *Somerset* County

DATE of death 190 *3* Month *Apr.* Day *24th* Age *73* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Triconic Co.*

Married, Single or Widowed *Married* Occupation *Farmer*

Name of Wife or Husband *Margaret Marshall*

Father's Name *-* Father's Birthplace *-*

Mother's Maiden Name *-* Mother's Birthplace *-*

Name of person giving information *H. Trickett Giles* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

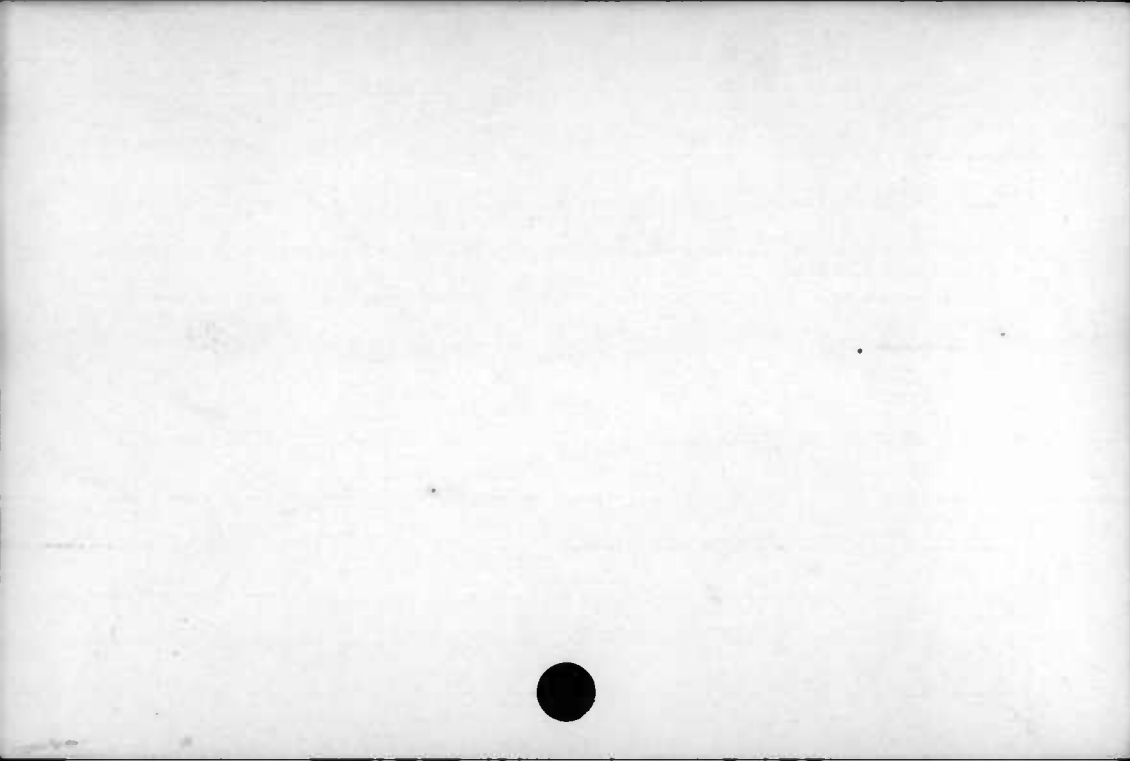
Primary *Cerebral Thrombosis* How long *2 years*

Immediate *Coma* *82* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. J. W. in door, up*

Address *Danvers Quarter Somerset G.*

Accident or Suicide? *-*



Name In Full

Certificate of Death

Mary Green

Town

County

Died at

MARYLAND

Date 19

03

Month

4

Day

16

Y.

M.

D.

Age 42

Native of

Occupation

Somerset

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Singl~~~~Widower~~

Number of children living

Eight

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

dropsy

Death

~~Immediate~~

1977

OVER

How long sick

Months 3

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate received from \_\_\_\_\_

*Husband*  
of *Mr. Vernon M. ...*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Alma House</i>		Town <i>Alma</i>		County		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>25</i>	Age <i>80</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Forest Co</i>				
Married, Single or Widowed <i>Widower</i>		Occupation <i>Housewife</i>					
Name of <del>Wife</del> Husband <i>Smith Summers</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General debility from old age</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Daniel H. Jones</i>
		Address <i>Princeps Anne Md.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

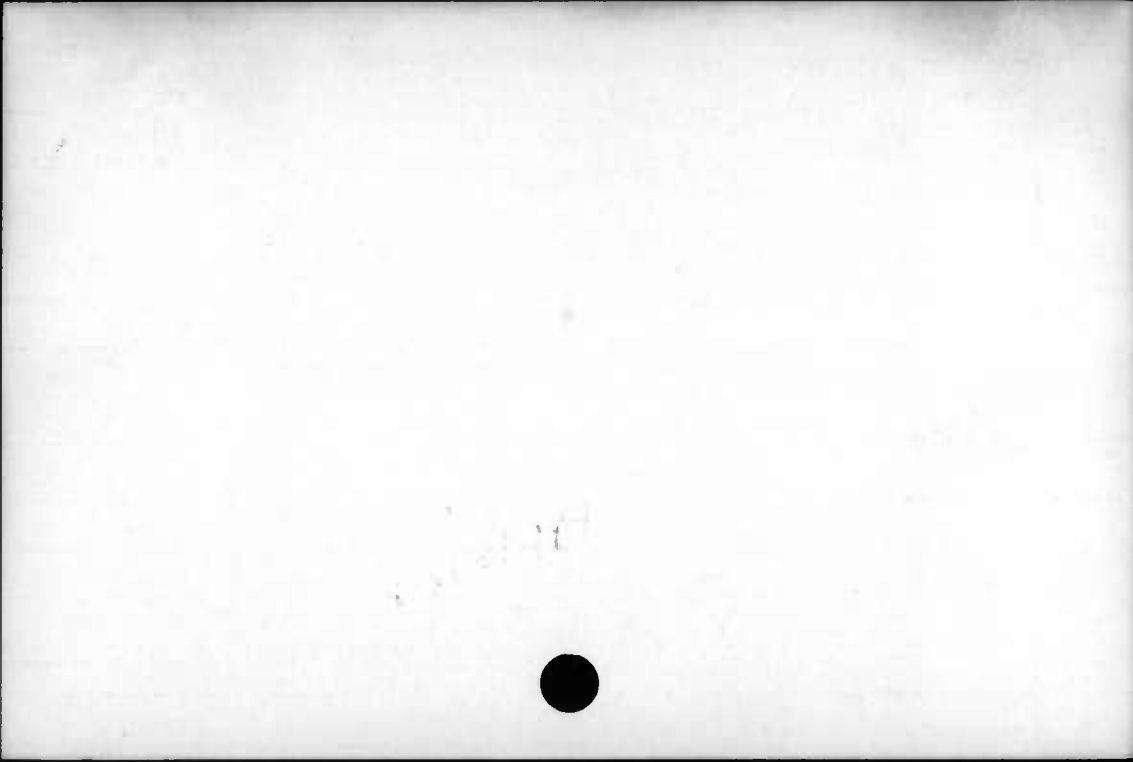
Monzie Harris

Died at <u>Deals Island</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>April</u> <small>Month</small>	<u>23</u> <small>Day</small>	Age <u>4</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Deals Island</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>John Weslie Harris</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Lizzie Harris</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>John W Harris</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long
Immediate <u>27</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	<u>John W Harris</u>



Name in Full

Certificate of Death

Anne Hannan

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

4-10

Age

79

Sol

Lady

Male

White

~~Married~~

Widow

~~Married~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

5

Husband

of

William Hannon

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pulmonary Consumption

Death

Immediate

Hemiplegia

W. F. Hall

How long sick

One year

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Seale Island</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>3</u> <sup>Month</sup>	<u>April</u> <sup>Day</sup>	<u>14</u> <sup>Years</sup>	<u>30</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>md</u>		
Married, Single or Widowed	<u>Married</u>		Occupation <u>Captain</u>		
Name of Wife or Husband <u>Everett Horner</u>					
Father's Name <u>Louie T Horner</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Amanda F Horner</u>			Mother's Birthplace <u>md</u>		
Name of person giving Information <u>L. B. Horner</u>			How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>27</u>
Immediate	<u>Asthma</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>L. J. Windsor, M.D.</u>	
		Address <u>James 14</u>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

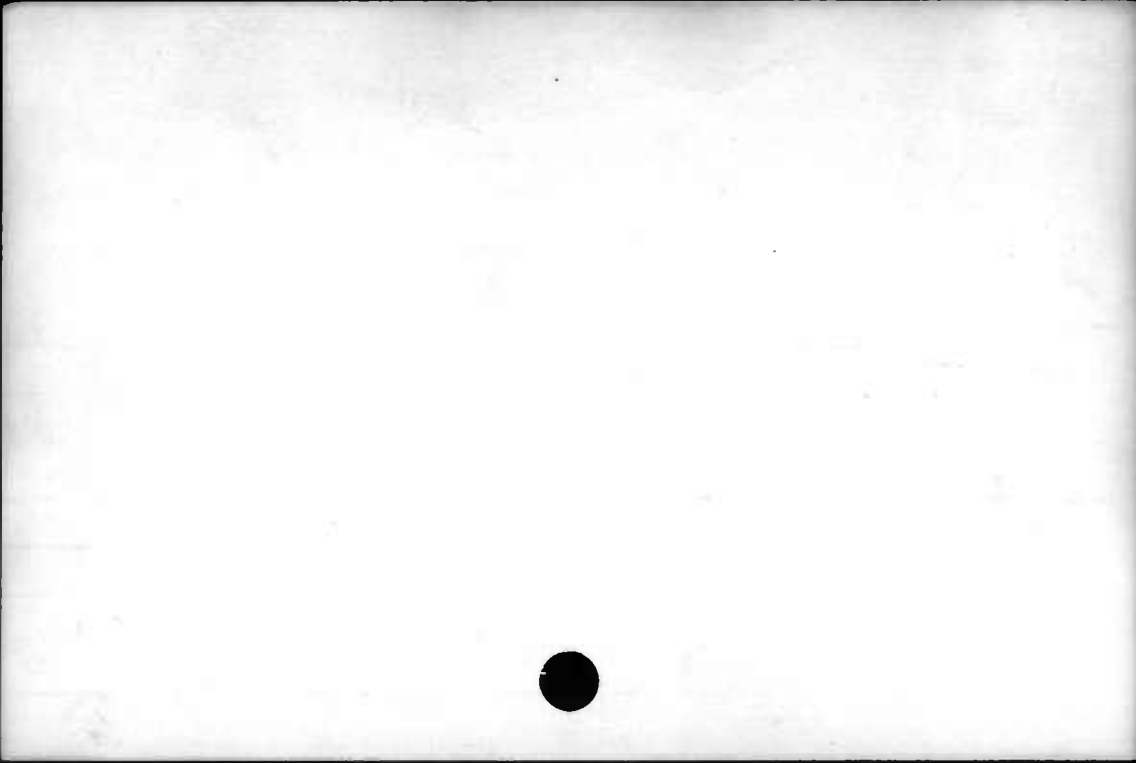
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Alma House</i>		Town <i>Alma House</i>		County <i>Lamar</i>		State <i>MARYLAND</i>	
Date of death 1903	Month <i>April</i>	Day <i>5</i>	Age <i>65</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>negro</i>		Birth-place <i>unknown</i>				
Married, Single or Widowed		Occupation <i>farmer</i>					
Name of Wife or Husband		<i>Married</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Prostration from disease</i>		How long	<i>3 weeks in disease</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Daniel H. Jones</i>		
		Address <i>Prince Georges</i>		
Accident or Suicide?				



Name in Full *Martha Jackson*

Town *Marion* County *Bonmarch* MARYLAND

Died at *Marion Bonmarch*

Date 19*03* *Apr 23* Month *Apr* Day *23* Y. *81* M. *81* D. *81* Native of *Md* Occupation *Laborer*

~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~ *None*

*Female* ~~Colored~~ *Single* ~~Widowed~~ Number of children living *one*

Husband of *None*

Wife *None*

Father's Name *Spencer Jackson* Mother's Maiden Name *Milkey Jackson*

Cause of Death { Primary *old age* Immediate *apoplexy* } How long sick *1st day*

Reported by *St. H. Gurnby M.D.*

Address *Marion Station Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Md*



Name in Full

Certificate of Death

Hemontine Johnson

Town

County

Died at

MARYLAND

Date

1903

Month

4

Day

6

Age

37 11 20

Y.

M.

D.

Native of

Occupation

Somerset Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

James Johnson

Mother's

Name

Richard Murphy

How long sick

3 days

Accident, Suicide, Homicide

Primary

Congestion of brain

Immediate

Exhaustion

C. E. Mann

Crisfield



Name  
in  
Full

Geo. S. Jones

## CERTIFICATE OF DEATH

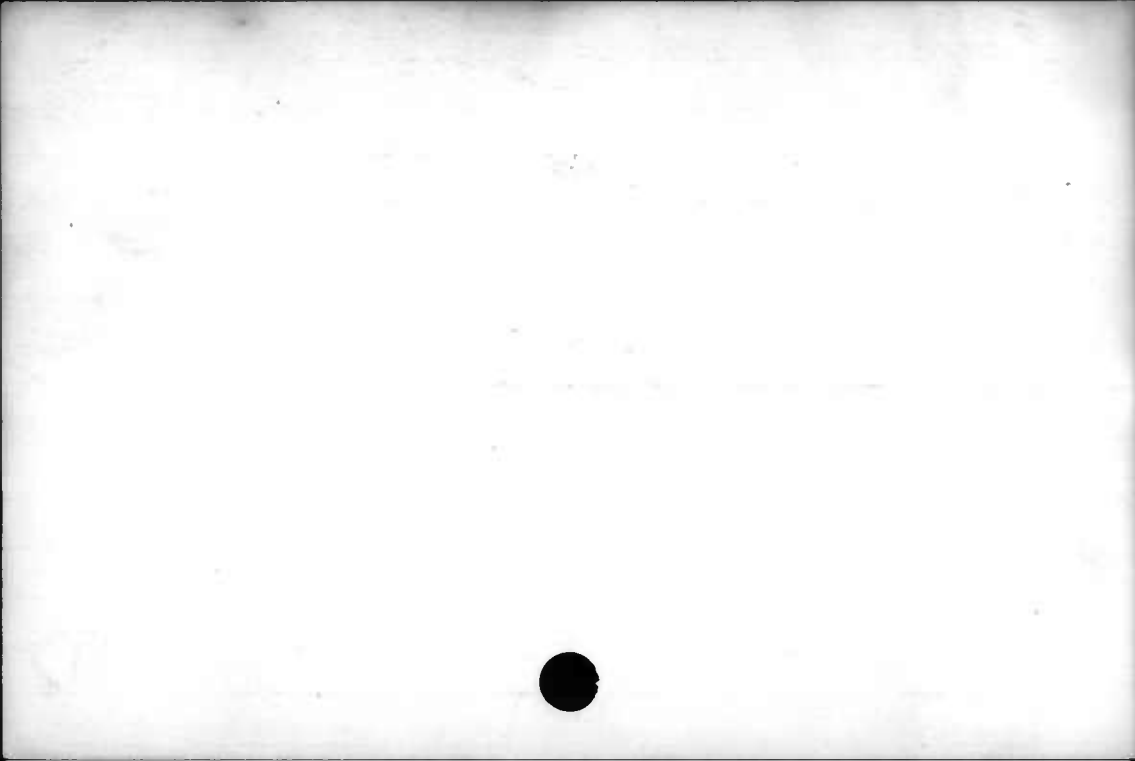
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Chance</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>B</i>	Month <i>Apr</i>	Day <i>6th</i>	Age	Years <i>19</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Somerset Co.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Oyster man</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>James Jones</i>				Father's Birthplace <i>Somerset Co.</i>			
Mother's Maiden Name <i>Jane Johnson</i>				Mother's Birthplace <i>Somerset Co.</i>			
Name of person giving information <i>Arthur Jones</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>Six months</i>
Immediate	<i>uraemia</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. J. Windsor, M.D.</i>	
		Address <i>James Quarter, Somerset Co. Md.</i>	
Accident or Suicide?			





Name in Full

Certificate of Death

Name in Full *James Jones*  
 Died at *McCrus* Town *Samuel* County *MARYLAND*  
 Date 19*03* *April* *29* Month *79* Day *79* Y. *-* M. *-* D. *md.* Native of *huswife* Occupation  
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female *Colored* *Single* *Widower* Number of children living *0*

Husband of *Levin Jones*  
 Wife *Levin Jones*  
 Father's Name *John W. Jones* Mother's Maiden Name *Leah D. Jones*  
 Cause of Death { Primary *Old age* How long sick *One year*  
 Immediate *Heart Disease* *154* *2 months*  
 Accident, Suicide, Homicide

Reported by *Dr. J. Smith*  
 Address *McCrus md.* *(Not in attendance)*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

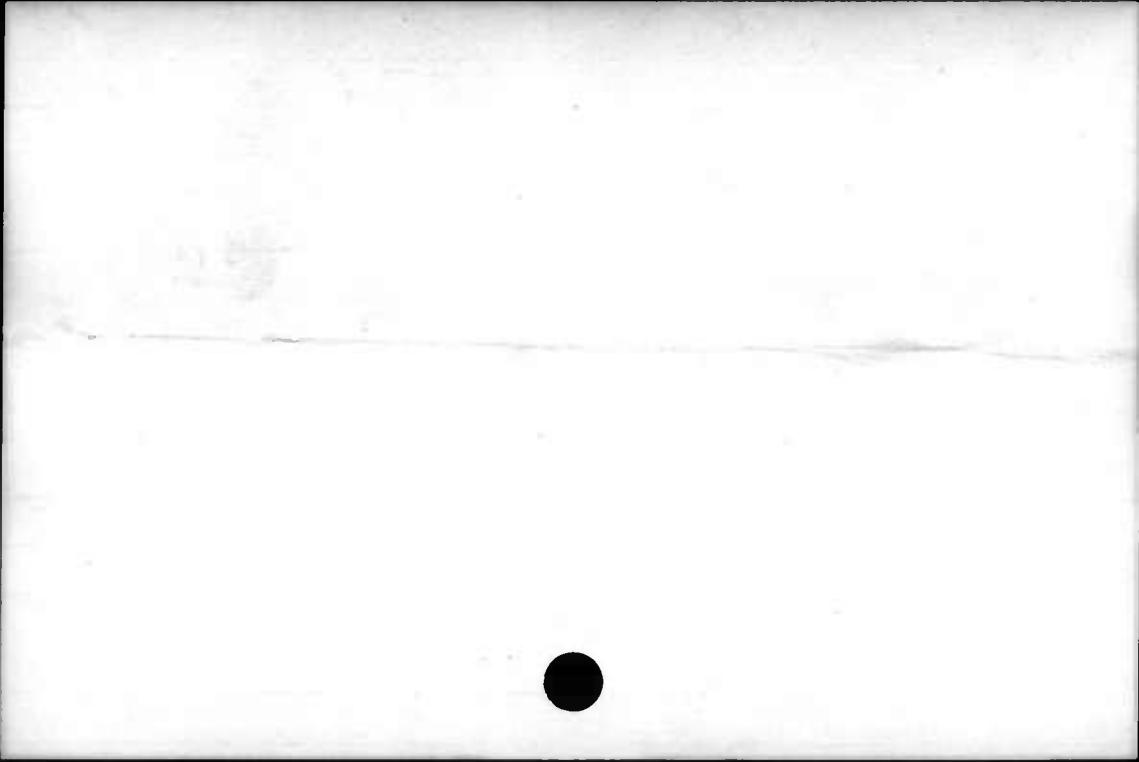
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>John Jones</i> <i>Mount Vernon</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>11</i>	Age <i>76</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mount Vernon</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>ry &amp; termar</i>			
Name of Wife or Husband <i>Britanna Jones</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Charles Jones</i>			How related to deceased <i>Son</i>		

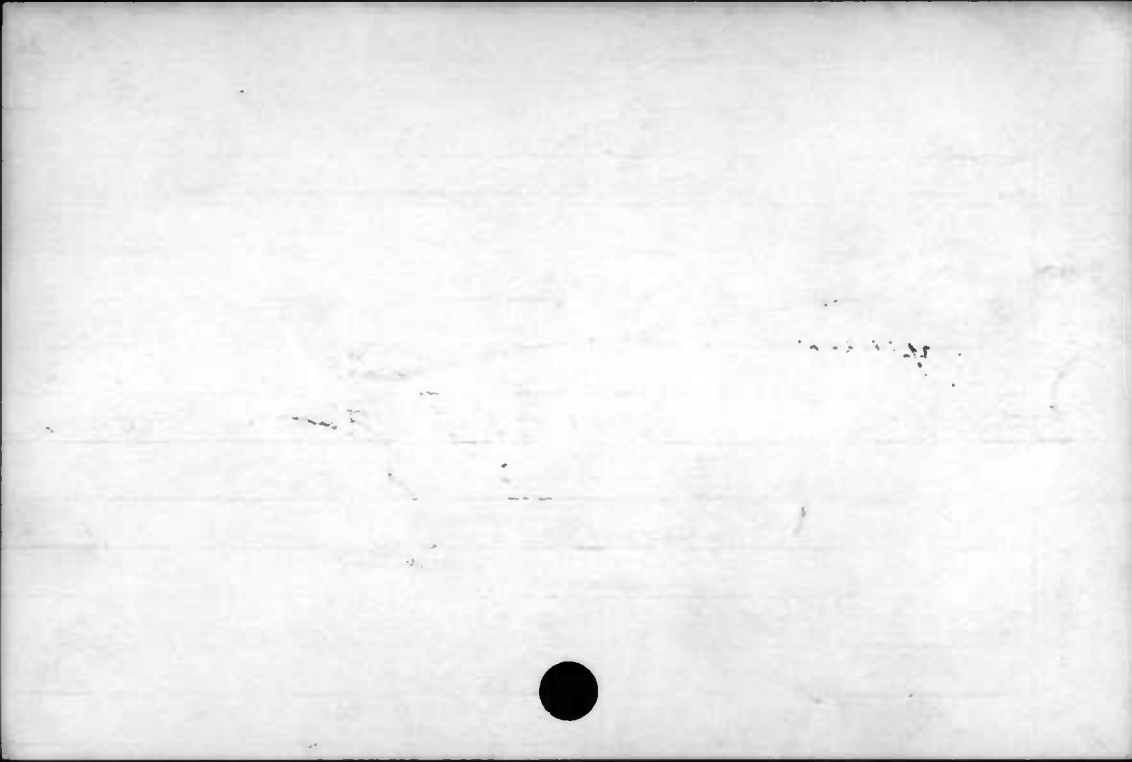
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long <i>ten years</i>
Immediate <i>Paralysis</i>	How long <i>eight days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Daniel M. Jones M.D.</i>
	Address <i>Principina Maryland</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Town</i> <i>Jules Corner</i>		County <i>Somerset</i>		State <i>MARYLAND</i>
	Date of death 190 <i>8</i>	Month <i>Apr</i>	Day <i>16</i>	Age <i>35</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Barabaster Co</i>		
	Married, Single or Widowed <i>Single</i>	Occupation <i>Sailor</i>			
	Name of Wife or Husband <i>Emma Manuel</i>				
	Father's Name <i>James. Manuel</i>		Father's Birthplace <i>Stockton Md.</i>		
	Mother's Maiden Name <i>Hester Collins</i>		Mother's Birthplace <i>Stockton Md.</i>		
Name of person giving information <i>Hester Richardson</i>		How related to deceased <i>Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>consumption</i>		How long <i>27</i> <i>23 years</i>		
	Immediate <i>Hemorrhage of the Lung.</i>		How long <i>at once</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>J.H. White</i>		
			Address <i>Marion Sta</i>		
Accident or Suicide?		<i>md</i>			



Name In Full

Certificate of Death

Ettamas Mury

Died at <sup>Town</sup> Mt Zernon <sup>County</sup> Somerset Co MARYLAND

Date 19 03      Month 4      Day 1      Age 20 4      Y. M. D.      Native of Somerset      Occupation

Male      White      Married      Widowed      Divorced

Female      Colored      Single      Widower      Number of children living

Husband of

Wife

Father's Name Ebbin Mury      Mother's Name Mary Austin

Maiden Name

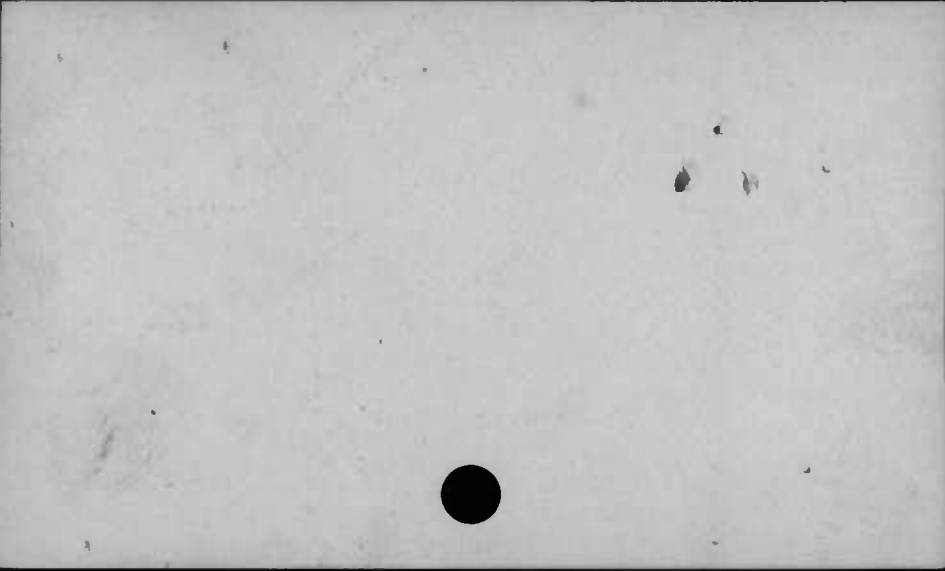
Cause of Death { Primary Consumption      How long sick 7 months

Death { Immediate      Accident, Suicide, Homicide

Reported by C. M. Haswell & Bros

Address Mt Zernon Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at		Date of death 1908		Age		MARYLAND	
Month		Day		Years		Months	
Sex		Color or Race		Birth-place		Days	
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
Primary		How long					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
Accident or Suicide?							



Name  
in  
Full

Nameless - Twins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

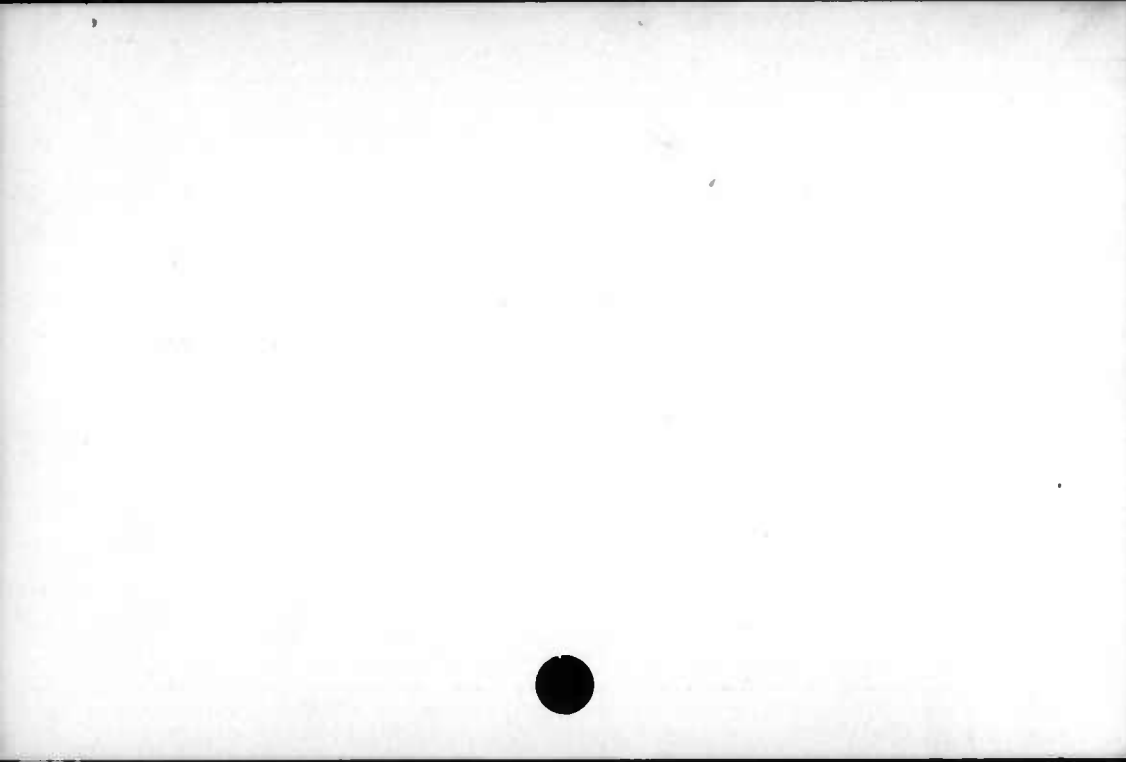
MARYLAND

Died at <i>Princess Anne</i>		Town <i>Princess Anne</i>		County <i>Somerset</i>	
Date of death 1903	Month <i>April</i>	Day <i>8th</i>	Age <i>Years</i>	Months	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Princess Anne</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Ephraim Hutter</i>			Father's Birthplace <i>Nea Panna</i>		
Mother's Maiden Name <i>Eunice King</i>			Mother's Birthplace <i>Princess Anne</i>		
Name of person giving information <i>Paul Jones M.D.</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Not fully developed</i>	How long <i>150</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Paul Jones M.D.</i>
	Address <i>Princess Anne</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs Lizzie Larnes</i>		Town <i>Alms House</i>		County <i>Summers</i>		MARYLAND	
Died at		Date of death 190		Age		Months	
		<i>3 April</i>		<i>25</i> Years <i>65</i>		<i>=</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place			
Married, Single or Widowed <i>Single</i>		Occupation <i>House keeper</i>					
Name of Wife or Husband <del><i>Lizzie</i></del>		<i>Widow</i>					
Father's Name <i>[Signature]</i>		Father's Birthplace <i>Deal Island</i>					
Mother's Maiden Name <i>Louie Harris</i>		Mother's Birthplace <i>Deal Island</i>					
Name of person giving information <i>Lulie Webster</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old Age</i>	How long	
Immediate		How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>	
		Address <i>[Signature]</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Hester Tyler

Died at

Ariole

Town

County

Somerset

MARYLAND

Date 19

03 Apr 11

Month

Day

Age

52

Y.

M.

D.

Native of

Md

Occupation

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Wm W. Tyler

Wife

Father's

Name

John Simpkins

Mother's

Maiden Name

Sarah Ford

Cause of

Primary

Tuberculosis

How long sick

14 mos

Death

Immediate

Gastritis

~~Accident, Suicide, Homicide~~

Reported by

R. L. Hoyt M.D.

Address

Ariole P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75854





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Aurelia Waters</i>		Town <i>Upper Fairmount</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>April</i>		Day <i>23</i>		Years <i>35</i>	
Date of death 190 <i>3</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Fairmount</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Alex. Waters</i>							
Father's Name <i>John Maddox</i>		Father's Birthplace <i>Fairmount</i>					
Mother's Maiden Name <i>Betty Maddox</i>		Mother's Birthplace <i>Fairmount</i>					
Name of person giving information <i>Betty Maddox</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>about 3 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. B. Dickinson</i>
	Address <i>Upper Fairmount</i>
Accident or Suicide?	

11/28/21  
Lundby.

### Certificate of Death

Died at

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

### Occupation

4-16

Age 44

Male

White

~~Married~~

~~W. J. Wilson~~

Divorced

Female

Colored

Single

~~Widows:~~

~~Number of children living~~

Husband

Wife

## Father's

Name \_\_\_\_\_

Mother's

Maiden Name

### Cause of

Primary

## Death

Immediate

How long sick

one year

### Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

